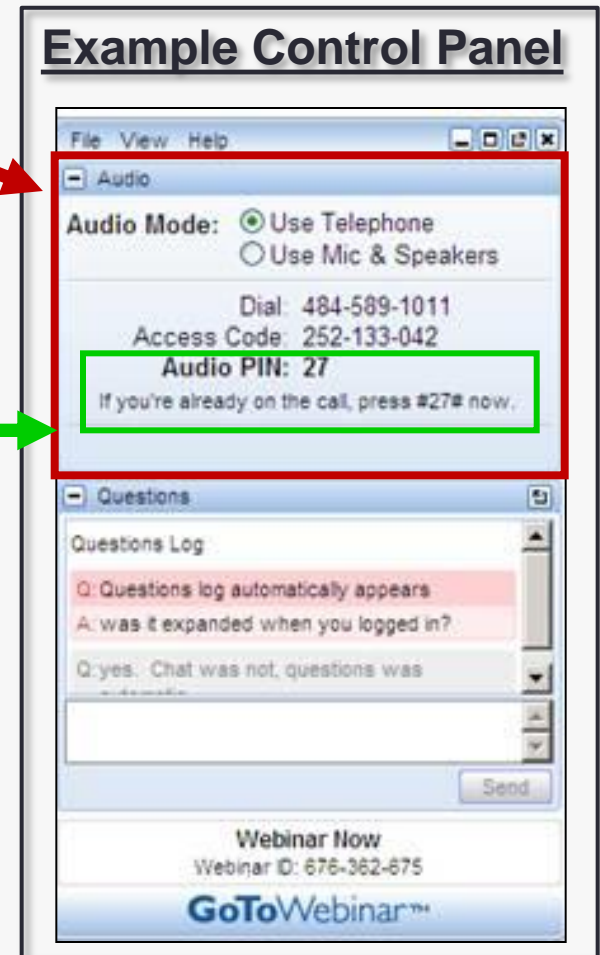


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- ***Please remember to mute your phones***



WELCOME

Task Force Co-Chairs

Diana Dooley, Secretary
California Health and Human Services
Agency

Donald M. Berwick MD, MPP, FRCP



Let's Get Healthy California Task Force

LET'S GET HEALTHY CALIFORNIA TASK FORCE

Task Force and Expert Advisor Group Meeting

Anthony Wright, Executive Director
Health Access

Tuesday, August 14, 2012



Let's Get Healthy California Task Force

OVERVIEW OF TASK FORCE CHARGE AND TIMING

Patricia E. Powers, Director
Let's Get Healthy California Task Force



Let's Get Healthy California Task Force



Executive Order B-19-12

- Prepare a 10-year plan that will:
 - Improve the health of Californians
 - Control health care costs
 - Promote personal responsibility for health
 - Advance health equity
 - Not involve additional government spending
- Key Plan Components
 - Establish baselines for key health indicators and standards for measuring improvement over a 10-year period
 - Seek to reduce diabetes, asthma, childhood obesity, hypertension, sepsis-related mortality, hospital readmissions within 30-days of discharge, and increase the number of children receiving recommended vaccinations by age three
 - Identify obstacles for better health care



The Charge

*“What will it take for California
to be the healthiest state
in the nation?”*

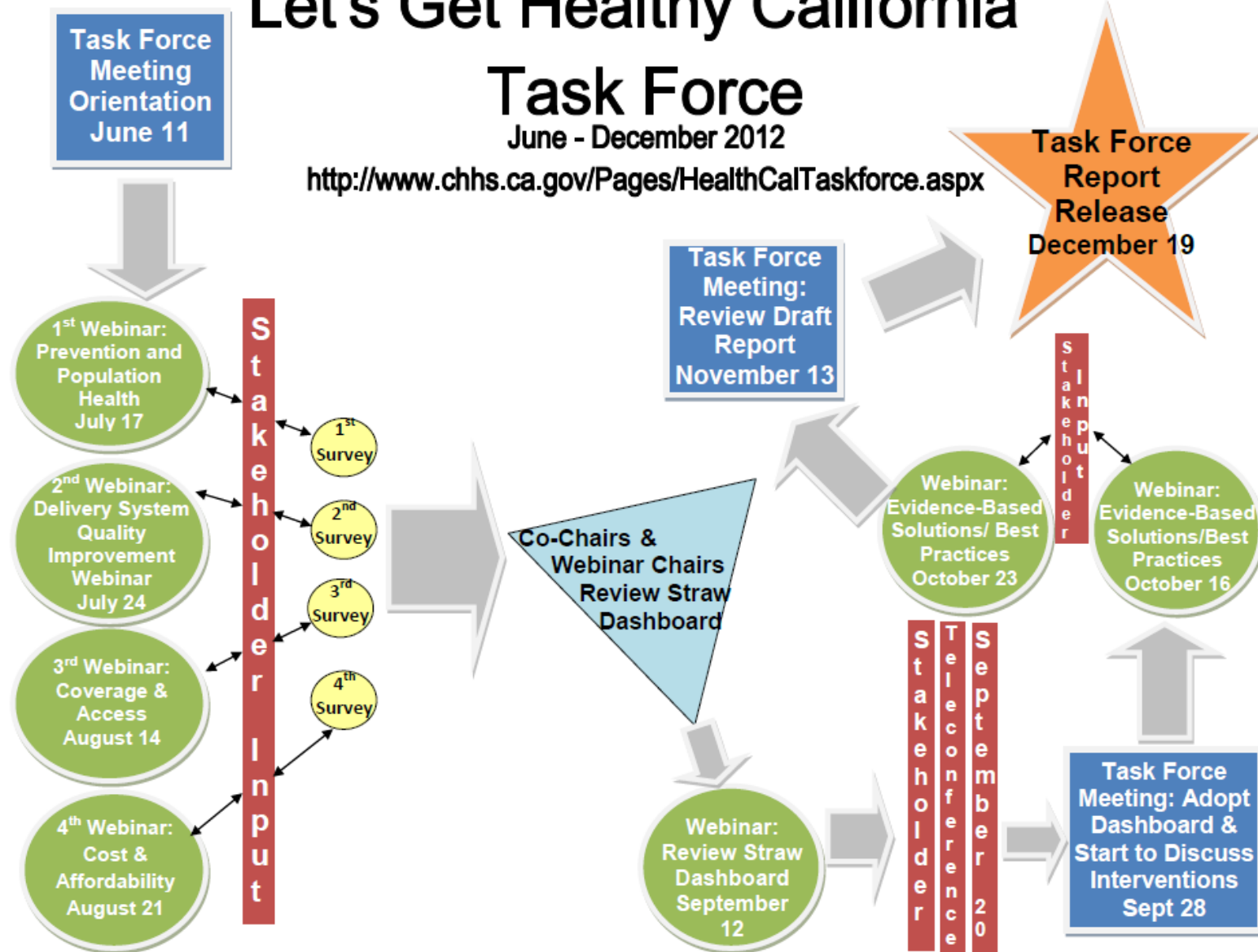
Diana Dooley, Secretary
California Health and Human Services Agency
June 11, 2012



Let's Get Healthy California Task Force

June - December 2012

<http://www.chhs.ca.gov/Pages/HealthCalTaskforce.aspx>



Consensus Approach

- Majority rules
- SurveyMonkey polls will follow each webinar
- Staff to summarize Task Force/Expert Advisor priorities
 - Discuss on September 12th webinar
 - Present to Task Force to vote on September 28th



GUIDING PRINCIPLES



Let's Get Healthy California Task Force



COVERAGE AND ACCESS

Julie Sonier, Deputy Director
State Health Access Data Assistance Center
(SHADAC) at University of Minnesota

Catherine Dower, JD
Center for Health Professions at UCSF



Let's Get Healthy California Task Force

FRAMEWORK FOR TRACKING THE IMPACTS OF THE ACA IN CALIFORNIA

Julie J. Sonier, MPA

State Health Access Data Assistance Center
University of Minnesota

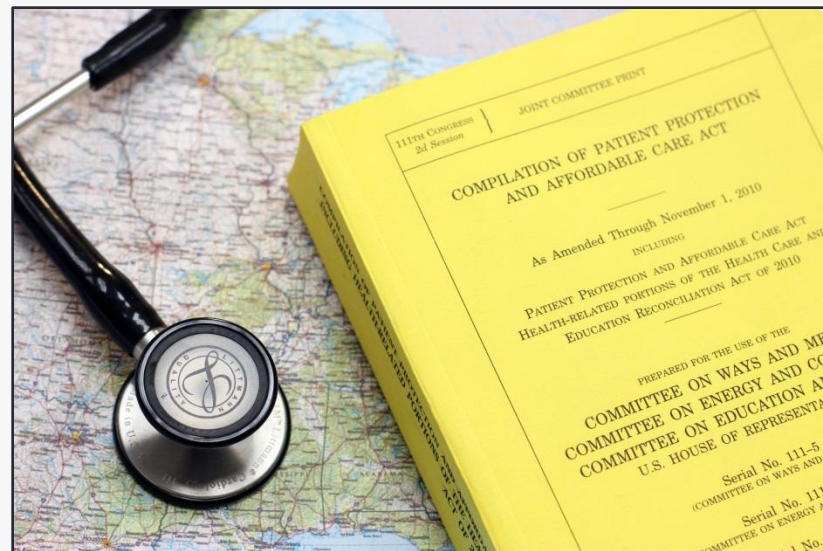
August 14, 2012



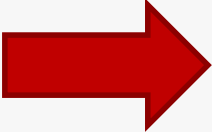
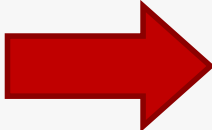
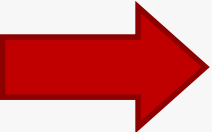
Let's Get Healthy California Task Force

Project Background

- Funded by a grant from the California HealthCare Foundation
- Goal was to recommend how California can measure and monitor the impacts of the Affordable Care Act (ACA) in three areas:
 - Health insurance coverage
 - Access to health care services
 - Affordability and comprehensiveness of coverage
- Many components of the framework we developed are relevant to monitoring coverage and access more generally



Our Process

- What is most important to monitor?
 Identify priority measures
- What do we know now?
 Identify and compare existing data sources
- Where are the gaps?
 Identify priorities for new/modified data collection



Today's Presentation

- Considerations for selecting indicators and data sources
- Overview of recommended indicators for monitoring health insurance coverage and access to care
- Current availability of recommended indicators
- Baseline and trends for selected indicators
 - Note: we did not establish benchmarks or goals

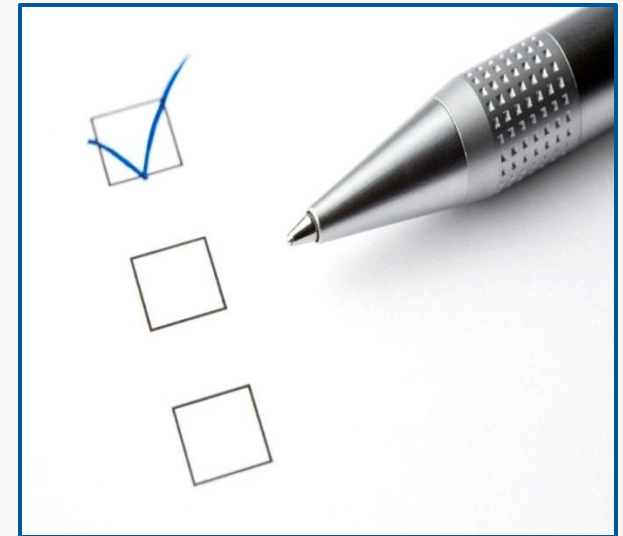


CONSIDERATIONS FOR SELECTING MEASURES AND DATA SOURCES



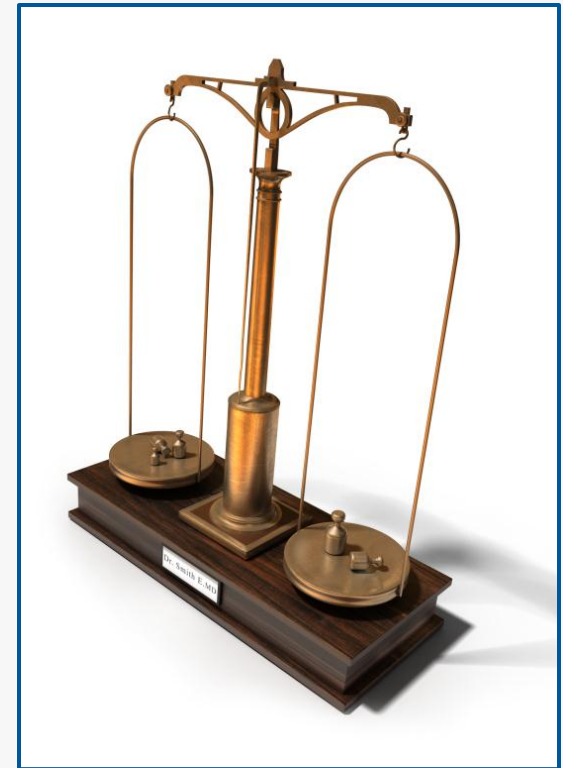
Considerations for Selecting Measures

- Measures that reflect major goals and provisions of the law
- Outcomes rather than implementation process
- Relevant/meaningful to policymakers



Considerations for Recommending Data Sources

- Comparability over time
- Ability to do in-depth analysis (e.g., by geography, age, income, race/ethnicity)
- Population coverage – complete population of interest
- Availability of benchmarks/national comparisons
- Timeliness of estimates
- Accessibility of data
- Flexibility to adapt to changing needs – for example, to change survey content, sample size, or oversample certain populations



HEALTH INSURANCE COVERAGE MEASURES







Priority Measures: Coverage

- Overview: % with each type of coverage



- In-depth topical measures:
 - Uninsurance
 - Public coverage
 - ESI

Coverage Type	Data Availability	Source ¹
Employer-sponsored		CHIS
Nongroup		CHIS
Public		CHIS
Uninsured		CHIS

¹ Source: California Health Interview Survey



Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- Public coverage
- ESI



Uninsurance Measures	Data Availability	Source
Point in time	●	CHIS ¹
Uninsured at some point in the past year	●	CHIS
Uninsured for a year or more	●	CHIS
Reasons for uninsurance	●	CHIS
Beginning in 2014:		
# exempt from coverage mandate	●	Exchange
# paying tax penalty	●	Tax records

¹ Source: California Health Interview Survey



Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- **Public coverage**
- ESI



Public Coverage Measures	Data Availability	Source
Enrollment trend in state programs		DHCS ¹ , MRMIB ²
Participation rate (% eligible who are enrolled)		CHIS ³
Churning/coverage transitions (% leaving who re-enroll within 3 months)		DHCS, MRMIB

¹ Source: Department of Health Care Services

² Source: Managed Risk Medical Insurance Board

³ Source: California Health Interview Survey










Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- Public coverage
- **ESI¹**



ESI Measures	Data Availability	Source
Percent of employers offering coverage		CEHBS ²
Percent of workforce in firms that offer coverage		CEHBS
At employers offering coverage, % of employees eligible		CEHBS
% of eligible employees who enroll (take-up rate)		CEHBS
Percent of families with any ESI offer		NHIS ³
Percent of families offered ESI with all family members enrolled		NHIS
Number of employers paying penalty for not offering coverage		CEHBS

¹ Employer Sponsored Insurance

² Source: California Employer Health Benefits Survey

³ Source: National Health Interview Survey



Priority Measures: Coverage

- Health insurance exchange related measures: These measures relate to the small group insurance market, the nongroup market, and the health insurance exchange.

Health Insurance Exchange	Data Availability	Source
Number of people purchasing nongroup coverage through exchange (with and without subsidies)	●	Exchange
Percent of nongroup market purchasing through exchange	●	Exchange, insurance regulators
Number of employers and people with group coverage through exchange	●	CEHBS ¹ , Exchange
Percent of small group market purchasing through exchange	●	CEHBS

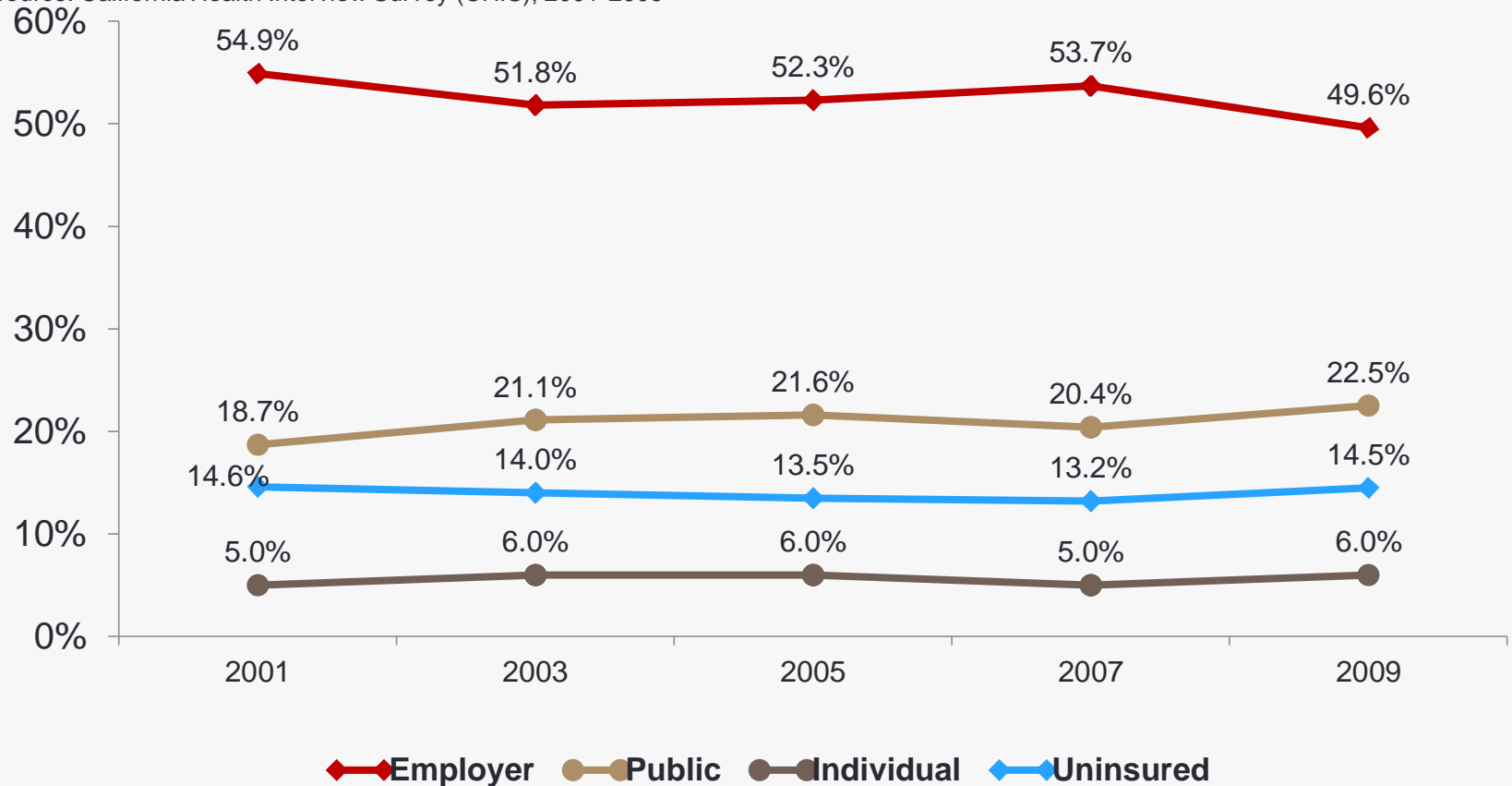
¹ Source: California Employer Health Benefits Survey



Priority Measures: Coverage

Distribution of insurance coverage

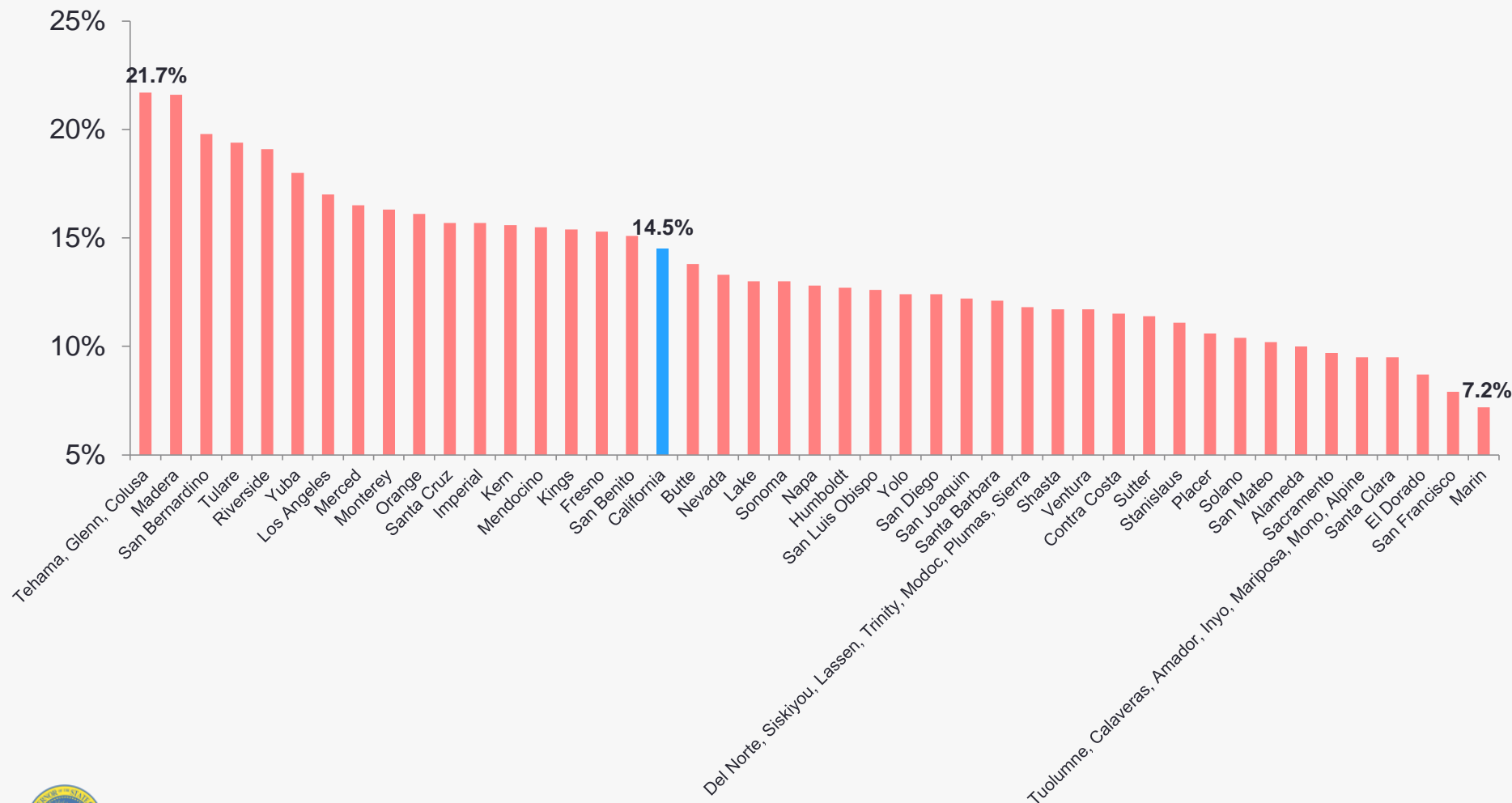
Source: California Health Interview Survey (CHIS), 2001-2009



Priority Measures: Coverage

Uninsurance rate by county, 2009

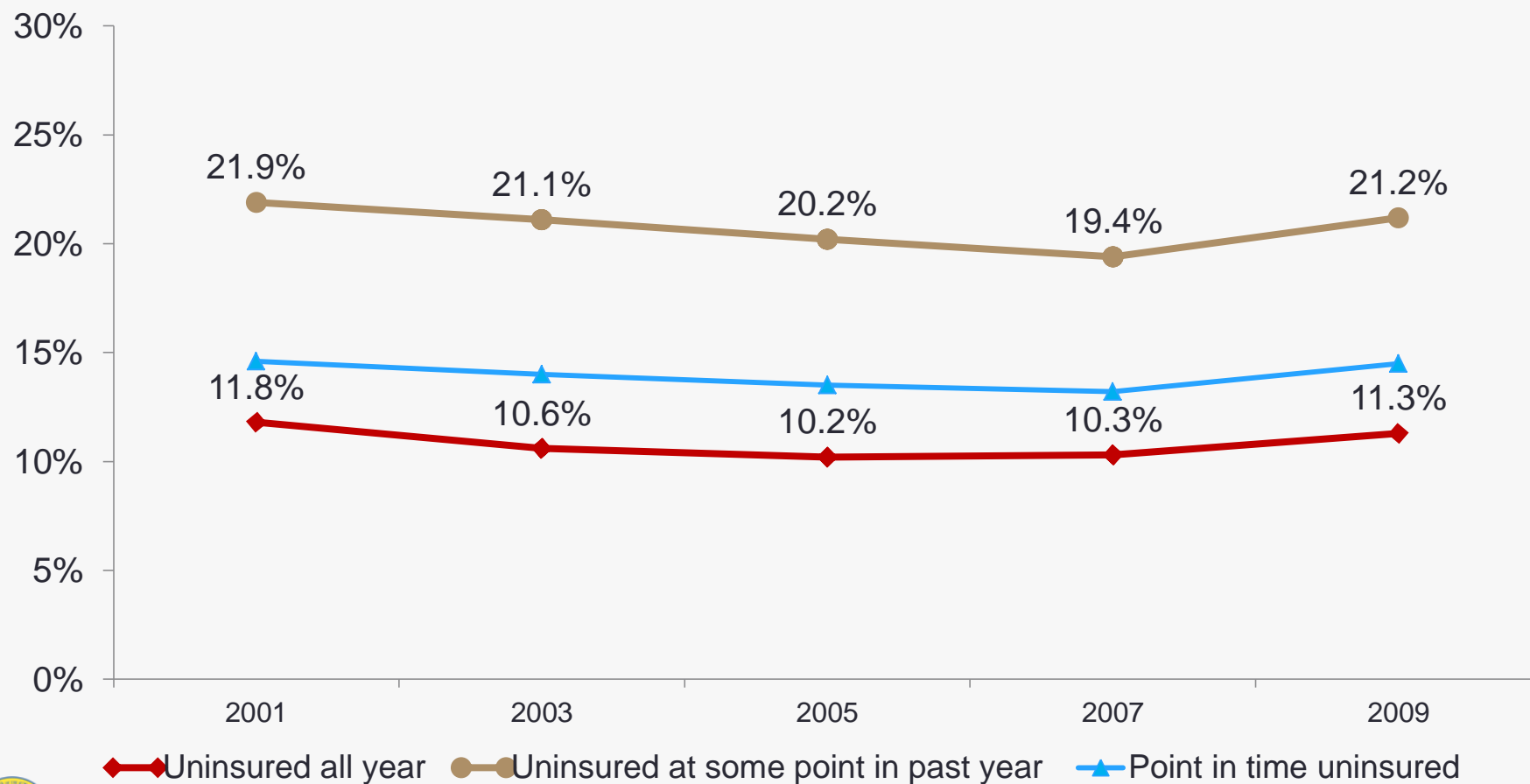
Source: California Health Interview Survey (CHIS), 2009



Priority Measures: Coverage

Measures of uninsurance

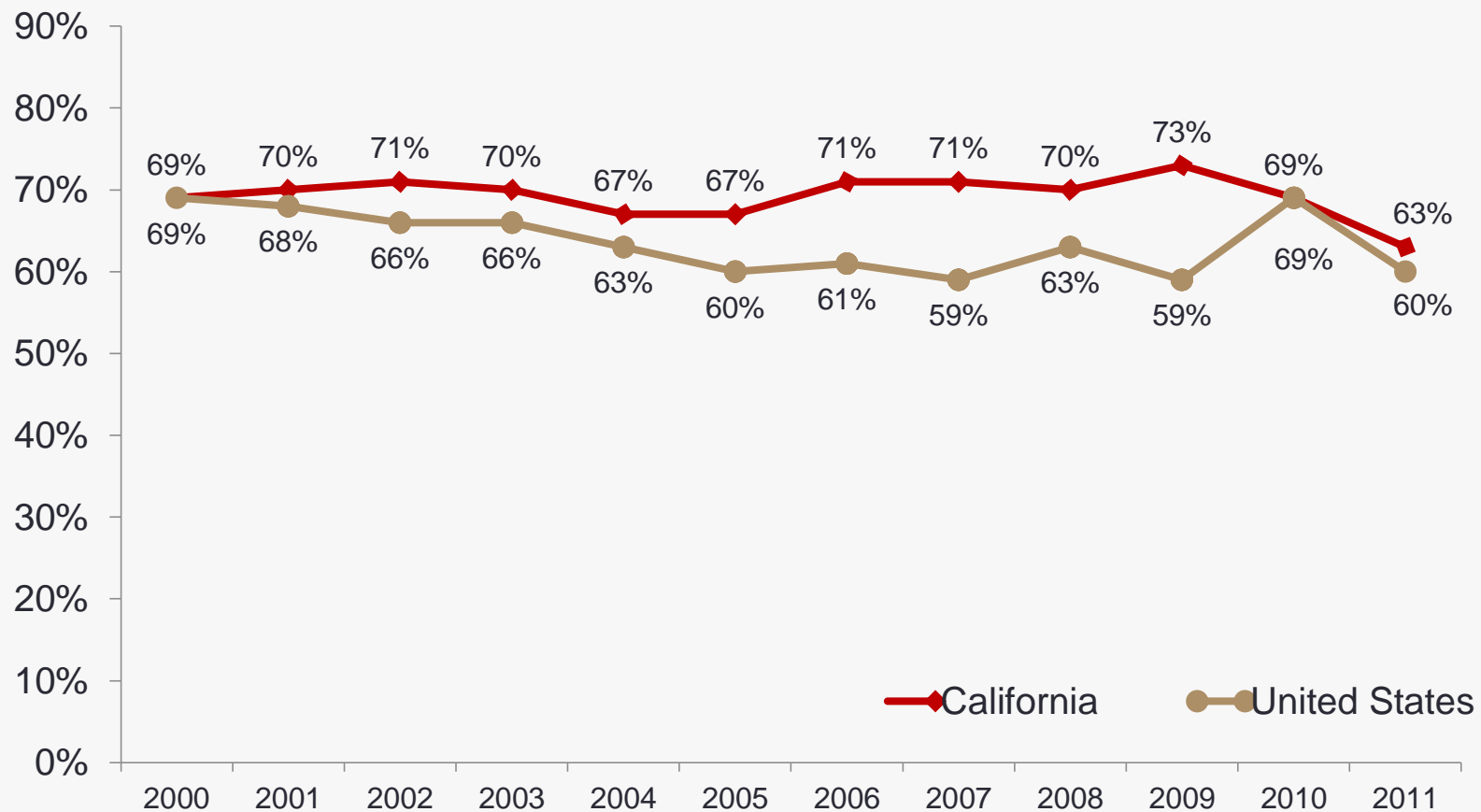
Source: California Health Interview Survey (CHIS), 2001-2009



Priority Measures: Coverage

Percent of employers offering health insurance coverage

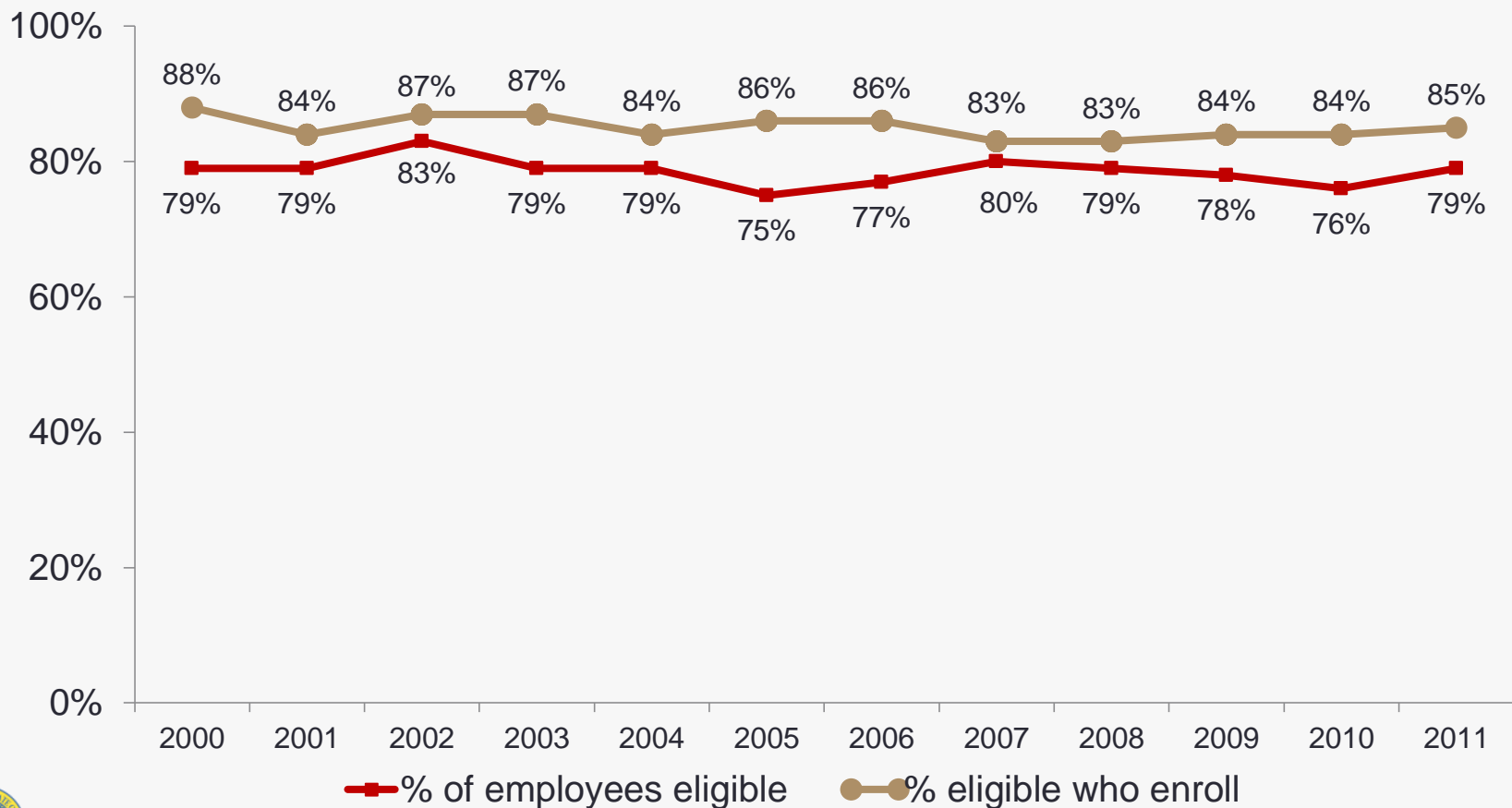
Sources: California Employer Health Benefits Survey, 2000-2011;
Kaiser Family Foundation Employer Health Benefits Survey, 2000-2011.



Priority Measures: Coverage

At employers that offer coverage: % of employees eligible, and % eligible who enroll

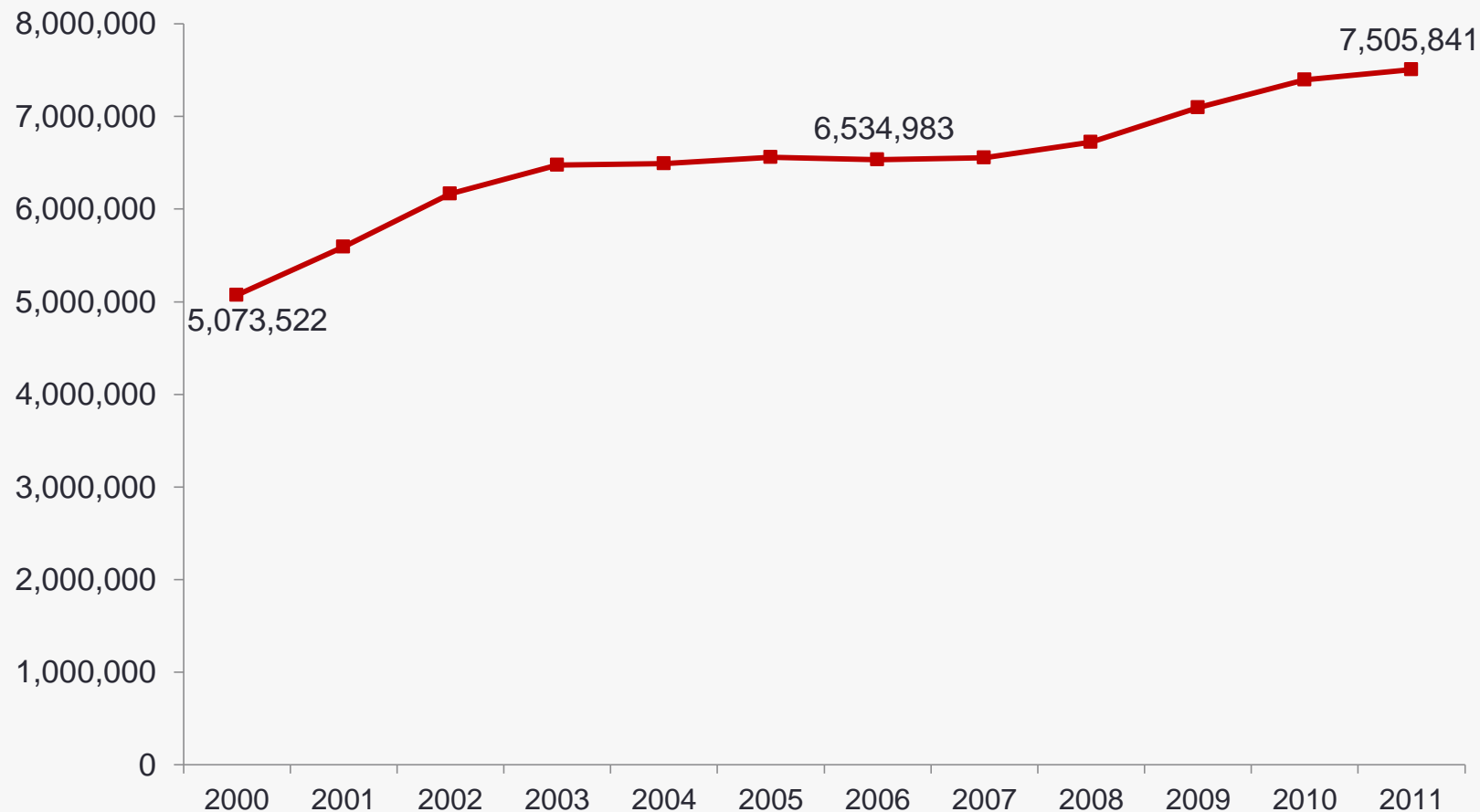
Source: California Employer Health Benefits Survey, 2000-2011



Priority Measures: Coverage

Med-Cal program enrollment





Source: California Department of Health Care Services



Priority Measures: Access

- Individual perspective
 - **Use of services**
 - Barriers to care
- System perspective
 - Provider-based measures
 - Safety net



Use of Services	Data Availability	Source
Percent of people with a usual source of care		CHIS ¹
Type of place for usual source of care		CHIS
Percent of people with a doctor visit in the past year		CHIS
Percent of people with a preventive care visit in the past year		MEPS-HC ² , CHIS

¹ Source: California Health Interview Survey








² Source: Medical Expenditure Panel Survey –Household Component



Priority Measures: Access

- Individual perspective
 - Use of services
 - Barriers to care
- System perspective
 - Provider-based measures
 - Safety net



Barriers to Care	Data Availability	Source
Percent of people who forgo needed care		MEPS-HC ¹
Reasons for forgone care		MEPS-HC
Percent of people not able to get an appointment with a doctor in a timely way		MEPS-HC, CHIS ^{*2}
Percent of people who had difficulty finding a provider that would accept new patients <ul style="list-style-type: none"> • Primary care • Specialty care 	 	NHIS ³ , CHIS [*]
Percent of people who had difficulty finding a provider that would accept their insurance <ul style="list-style-type: none"> • Primary care • Specialty care 	 	CHIS [*] , NHIS ^{**}

*Requires new data collection

**Not able to distinguish between primary and specialty care

¹ Source: Medical Expenditure Panel Survey –Household Component

² Source: California Health Interview Survey

³ Source: National Health Interview Survey



Priority Measures: Access

- Individual perspective

- Use of services
- Barriers to care

- System perspective

- **Provider-based measures**
- Safety net



Provider-Based Measures	Data Availability	Source
Percent of physicians accepting new patients, by payer <ul style="list-style-type: none"> • Primary care • Specialty care 	● ●	Medical Board of CA*
Percent of physicians participating in public programs <ul style="list-style-type: none"> • Primary care • Specialty care 	● ●	Medical Board of CA*
Emergency room visit rates	●	OSHPD ¹
Ambulatory care sensitive hospital admissions	●	OSHPD
Preventable/avoidable emergency room visits	●	OSHPD

*Requires new data collection

¹ Source: Office of Statewide Health Planning and Development



Priority Measures: Access

- Individual perspective
 - Use of services
 - Barriers to care
- System perspective
 - Provider-based measures
 - **Safety net**



Safety Net	Data Availability	Source
Volume and type of services provided by safety net clinics		OSHDP ¹ , counties*
Uncompensated care		OSHDP*
County indigent care volume and cost		Counties*

*Requires new data collection

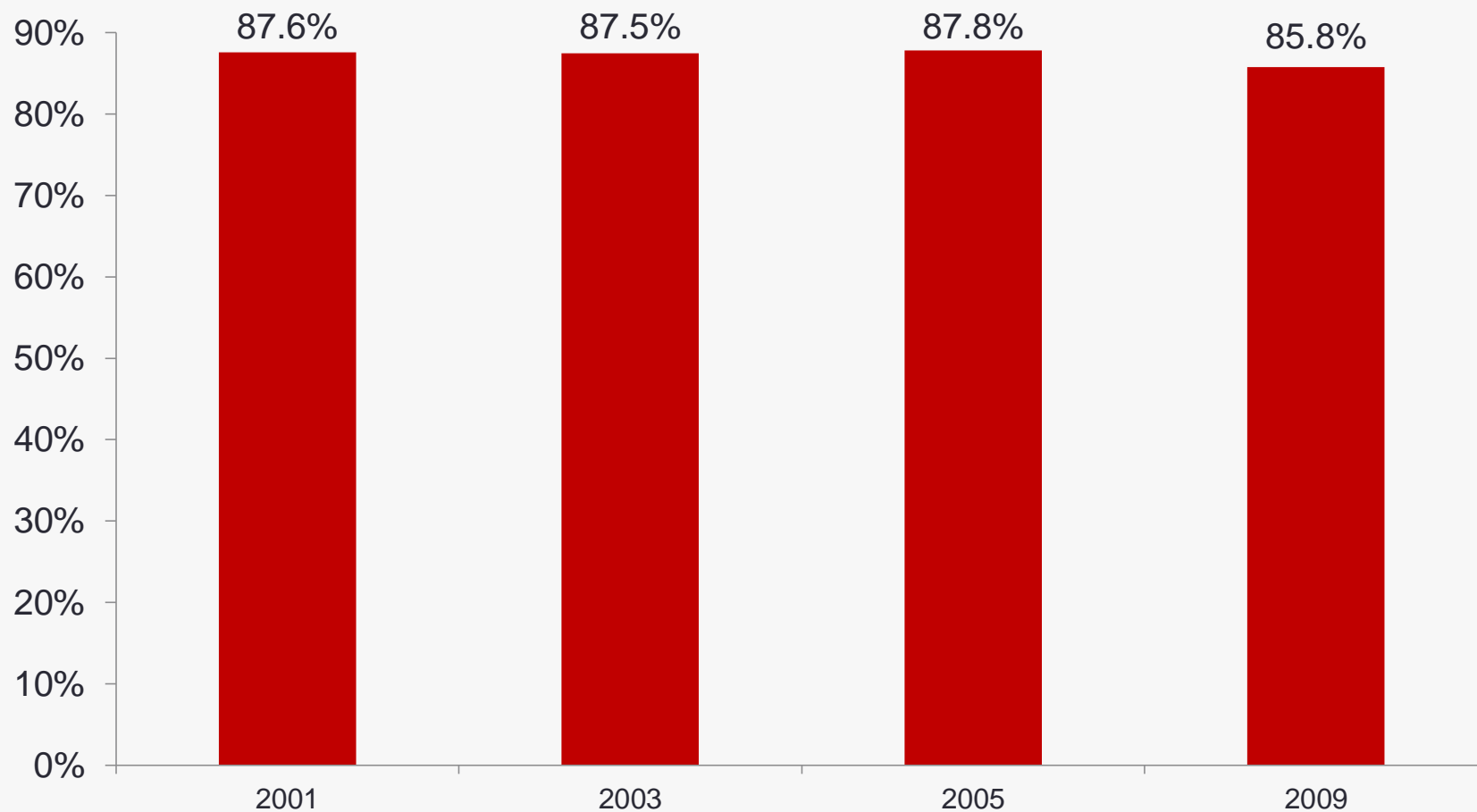
¹ Source: Office of Statewide Health Planning and Development



Priority Measures: Access

Percent of people with a usual source of care

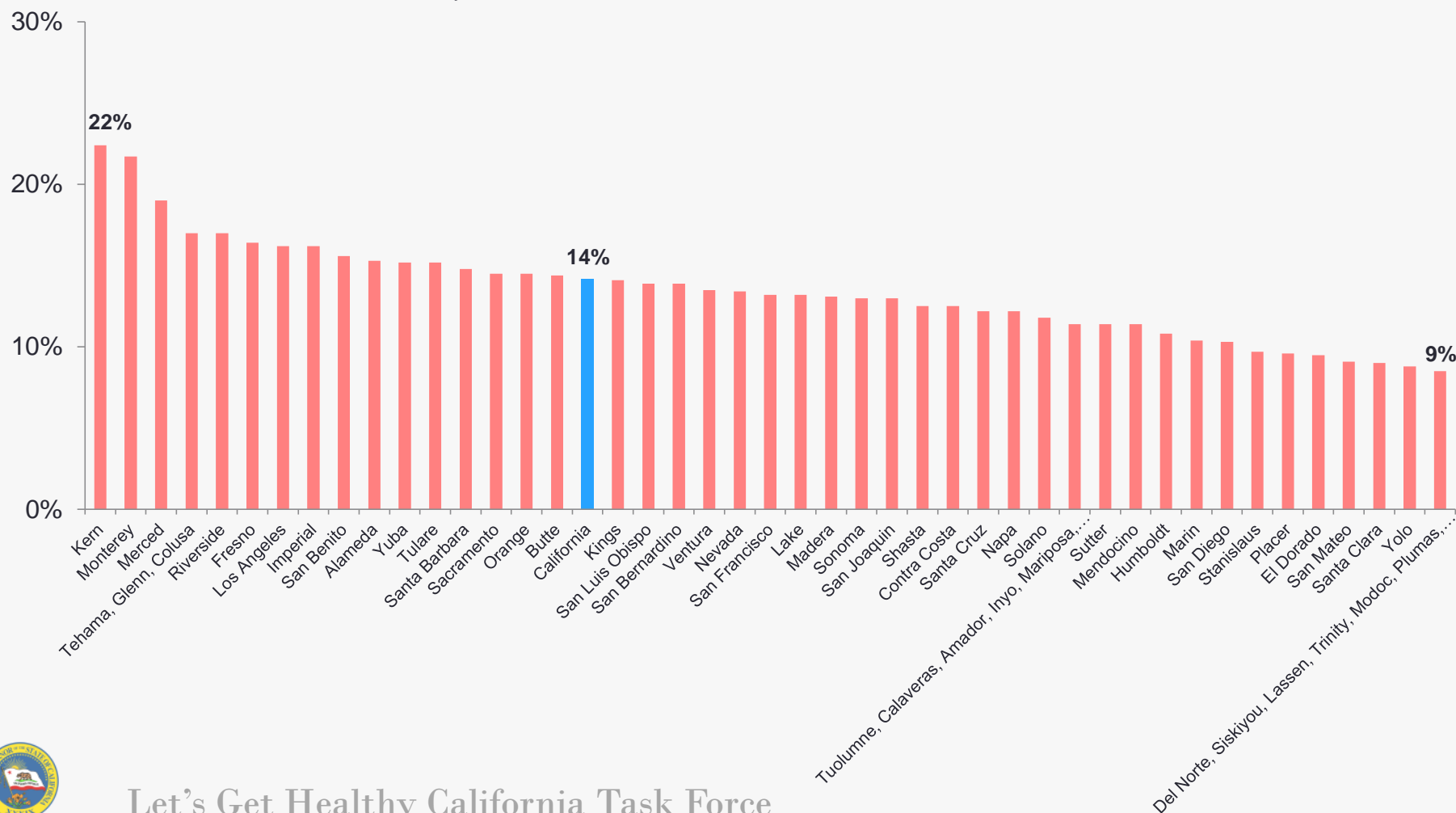
Source: California Health Interview Survey, 2001-2009



Priority Measures: Access

Percent of people without a usual source of care

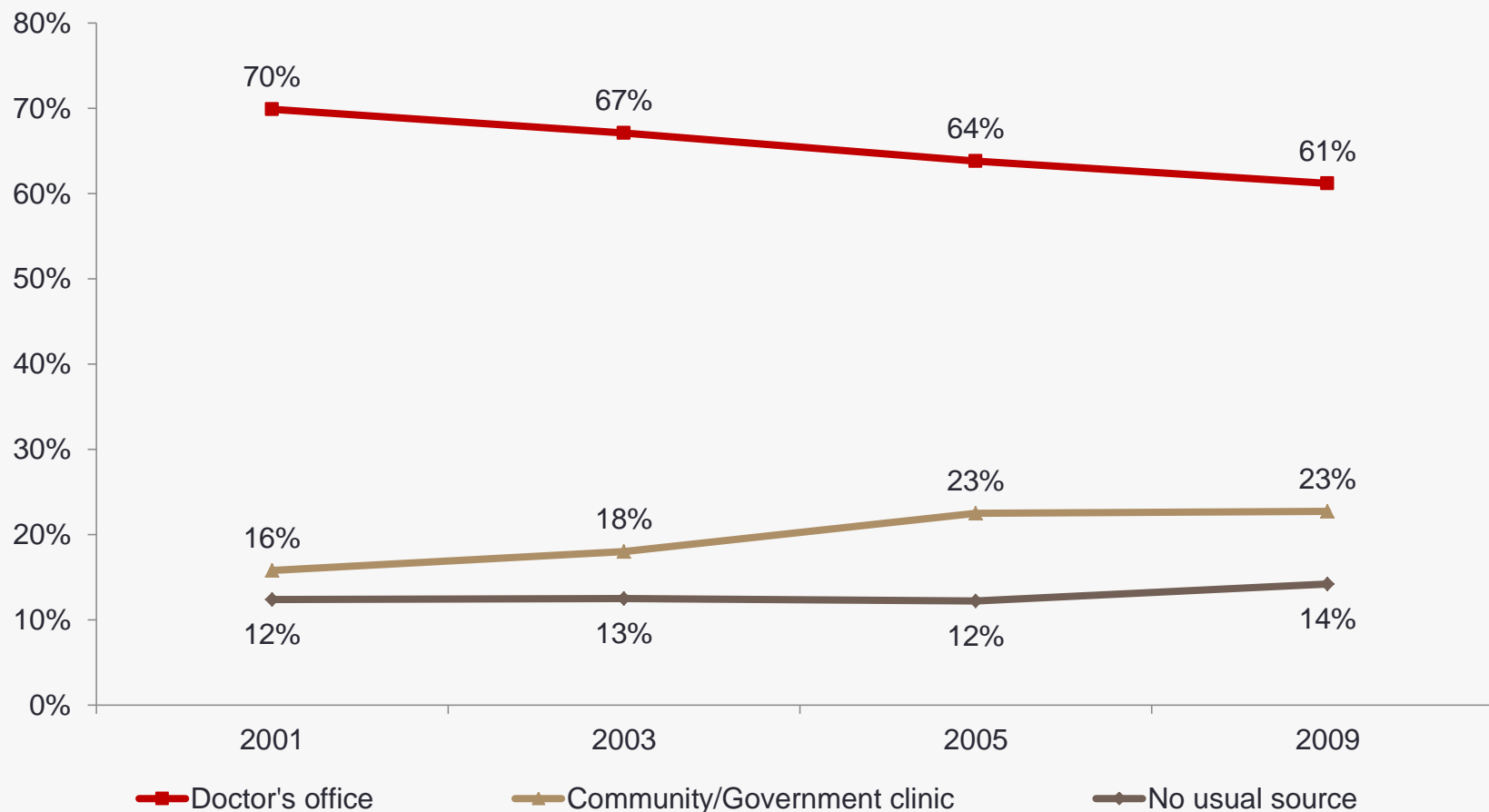
Source: California Health Interview Survey, 2009



Priority Measures: Access

Type of place for usual source of care

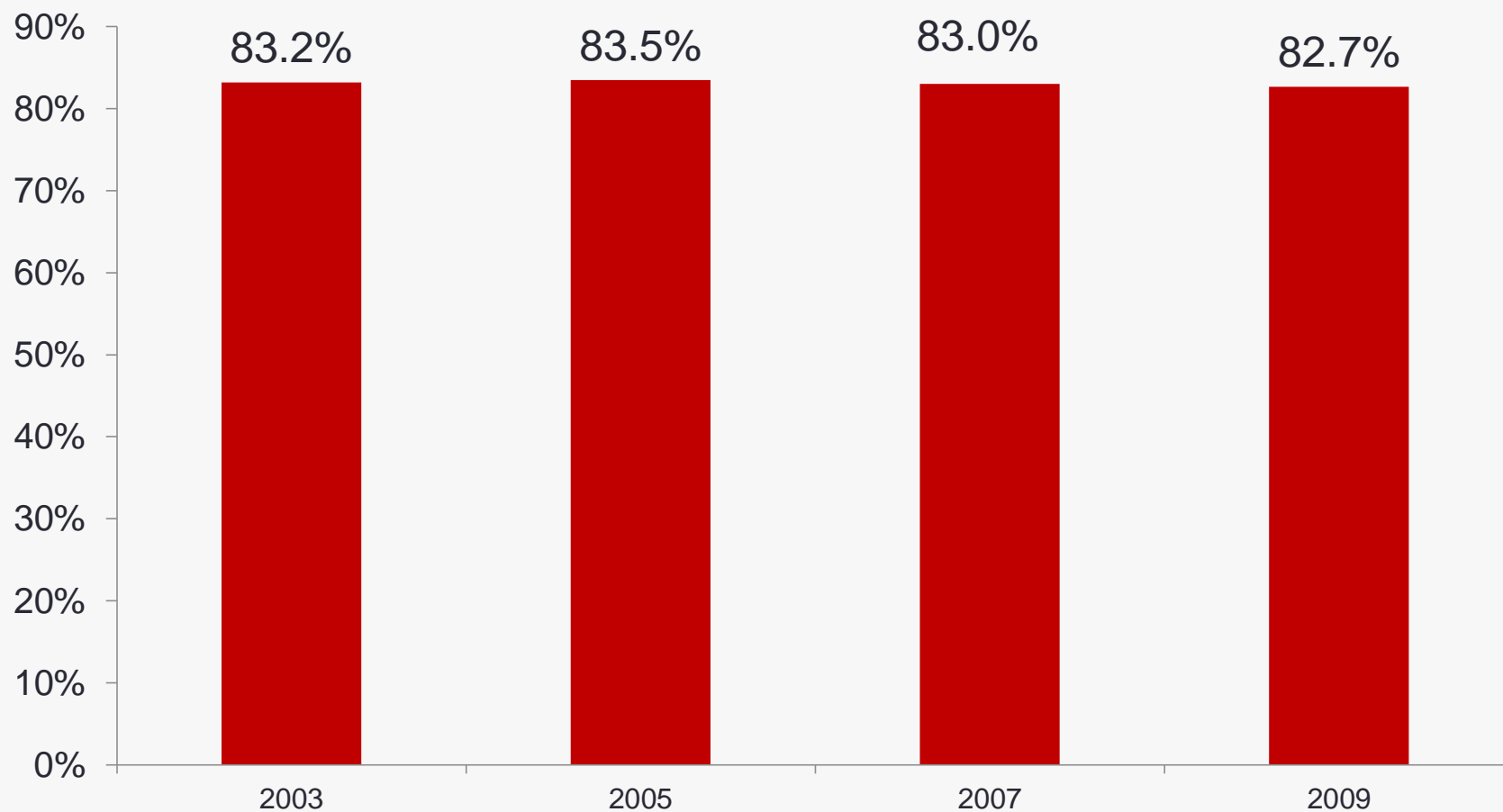
Source: California Health Interview Survey, 2001-2009



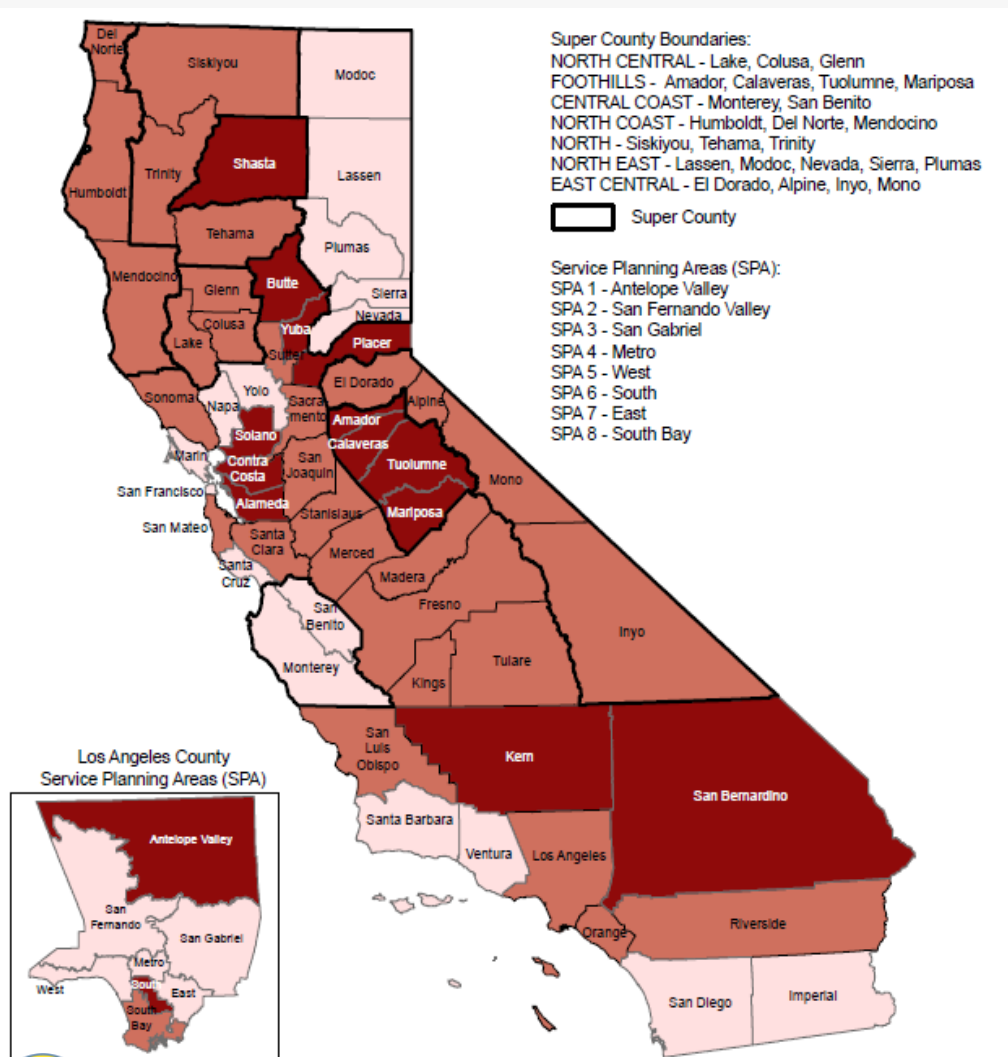
Priority Measures: Access

Percent of people with a doctor visit in the past year

Source: California Health Interview Survey, 2001-2009



Priority Measures: Access

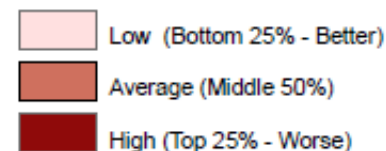


Ambulatory care sensitive hospital admissions based on AHRQ prevention quality indicators (PQIs)

Example:
Short-term Complications of Diabetes (PQI 1) & Uncontrolled Diabetes (PQI 14)

Source: California Office of Statewide Health Planning and Development , 2009

Hospital Discharges Per 100,000 Adults



Note: This is the sum of the diabetes short-term complication admission rate and the uncontrolled diabetes admission rate. This is a Healthy People 2010 Indicator.

Stakeholder Feedback

- CHCF solicited stakeholder feedback on the framework through a series of 6 stakeholder meetings in Feb. 2012
- Response to the framework was largely positive
- Key coverage and access issues identified by stakeholders:
 - “Drill-down” is very important (e.g., by geography, race/ethnicity, large vs small employers)
 - Understanding who remains uninsured and why is a top priority
 - Need for better measures of access:
 - Providers accepting Medi-Cal
 - Consider broadening the definition of provider beyond physicians



HEALTH CARE WORKFORCE

Catherine Dower

Center for the Health Professions,
UCSF

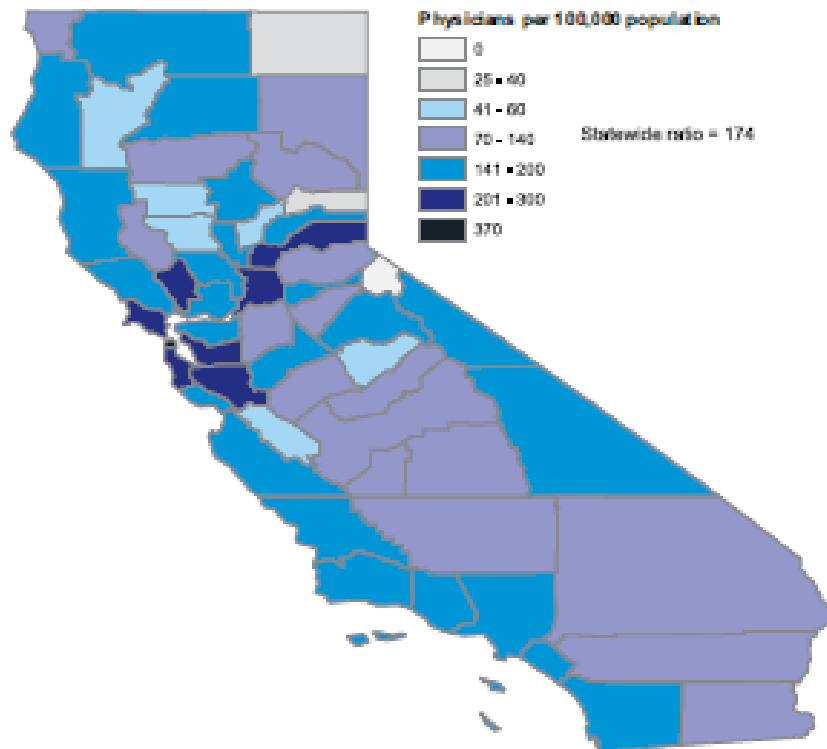


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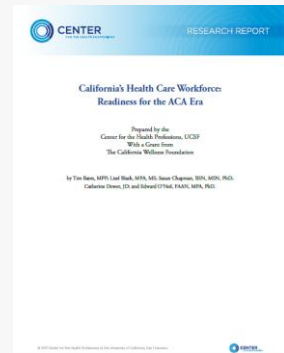
Supply and Distribution

California Physicians Active in Patient Care
2008 Active patient care physicians per population by county



Map reference: UCSF Center for the Health Professions, 2011

Source: Grumbach, K., Chattopadhyay, A., Bindman, A. 2009. *Fewer and More Specialized: A New Assessment of Physician Supply in California*. California HealthCare Foundation, Oakland, California



What We Know

- We know
 - Primary care provider-to-population ratios up
 - Providers locate in medically well-served areas
 - No direct correlation between workforce #s and health status
- We don't know
 - Number or practice location of NPs and PAs
 - Impact of ACA, technology, disease burden
 - Px demand or need
- We could encourage and track
 - Patient access and provider capacity
 - Productivity of health care workforce
 - Innovative practice models, team care, technology



TASK FORCE AND EXPERT ADVISOR DISCUSSION

Please use the hand raise
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OPPORTUNITY FOR STAKEHOLDER COMMENT

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Contact information:

- Website:
<http://www.chhs.ca.gov/Pages/HealthCaITaskforce.aspx>
- Email:
SRobinso@chhs.ca.gov
- Comments
 - Please submit any additional priorities or indicators to Sonia Robinson by **August 16, 2012**

